MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	101 564134

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6							56						
7							57						
8							58						
9							59						
10		/					60						
11		//					61						
12	/						62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18							68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		V					76						
27		/					77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33	/						83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39							89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	40						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						